

TO: CENTRAL COLLECTIONS – WRITE-OFF REQUESTS

PAGE OF

AGENCY CONTACT:

DATE SENT:

PHONE #:

AGENCY CODE:

CCS Debtor #	Name (Last, First) Client Ref #	Date Assigned	Write-off Amount
	Name: Client Ref #		
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_____ (agency name) requests approval to write-off the above identified accounts. We have reviewed each account and consider them to be uncollectible. We understand that this does not constitute a forgiveness of debt by the State of Colorado.

Authorizing Signature/Title

Date